## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 10/585932

| CLAIMS AS FILED - PART I   |  |                                 |  |                          |            |                                |          | SMALL ENT          | TITY                   |    | OTHER THAN                    |                        |
|--|--|---------------------------------|--|--------------------------|------------|--------------------------------|----------|--------------------|------------------------|----|-------------------------------|------------------------|
|  |  |                                 | (Column 1)   |                          | (Column 2) |                                |          | TYPE               |                        | OR | SMALL ENTITY                  |                        |
| U.S. NATIONAL STAGE FEES   |  |                                 |  |                          |            |                                |          | RATE               | FEE                    | 1  | RATE                          | FEE                    |
| BASIC FEE  |  |                                 | SMALL ENT. = \$ 150  |                          | LAR        | 3E ENT. = \$ 300               |          | BASIC FEE          |                        | OR | BASIC FEE                     | 300                    |
| EXAMINATION FEE  |  |                                 | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                 |                          |            | ther situations = 100 / \$ 200 |          | EXAM. FEE          |                        |    | EXAM. FEE                     |                        |
| SEARCH FEE   |  |                                 | U.S. is ISA 4 \$50/\$100<br>ALL other countries =<br>\$ 200 / \$ 400 |                          |            | ther situations = 250 / \$ 500 |          | SEARCH FEE         |                        |    | SEARCH FEE                    | 200<br>400             |
| FEE FOR EXTRA SPEC. PGS,   |  |                                 | minus 100 =  |                          |            | / 50 =                         |          | X.\$ 126 = .       |                        |    | X \$ 250 =                    | 700                    |
| TOT  | AL CHARGE                                      | BLE CLAIMS                      | 7 minus 20 = ,   |                          | *          | _                              |          | X \$ 25 =          |                        | OR | X \$ 50 =                     |                        |
| IND  | EPENDENT C                                     | LAIMS                           | 3 minus 3 = ,  |                          | * -        |                                |          | X \$ 100 =         |                        | OR | X \$ 200 =                    | ļ                      |
| MUL  | TIPLE DEPE                                     | IDENT CLAIM PR                  | ESENT  | SENT                     |            | - 🔲                            | ľ        | + \$ 180 =         |                        | OR | + \$ 360 =                    |                        |
| * If the difference in column 1 is less than zero, enter "0" in co |  |                                 |  |                          |            | lumn 2                         |          | TOTAL              |                        | OR | TOTAL                         | 900                    |
| •  |  | (Column 1) CLAIMS REMAINING     | AMENDED - PART II (Column 2) HIGHEST NUMBER                          |                          |            | (Column 3)                     | F        | SMALL E            | NTITY OF               |    | OTHER THAN SMALL ENTITY ADDI- |                        |
| AMENDMENTA   |  | AFTER<br>AMENDMENT              |  | PREVIO<br>PAID I         | USLY       | EXTRA                          |          | RATE               | TIONAL<br>FEE          |    | RATE                          | TIONAL<br>FEE          |
|  | Total  | *                               | Minus  | **                       |            | =                              |          | X \$ 25 =          |                        | OŖ | X \$ 50 =                     |                        |
|  | Independent                                    | •                               | Minus  | ***                      |            | =                              |          | X \$ 100 =         |                        | OR | X \$ 200 =                    |                        |
|  | FIRST PRES                                     | SENTATION OF M                  | JLTIPLE DEPENDENT CLAIM  |                          |            |                                |          | + \$ 180 =         |                        | OR | + \$ 360 =                    |                        |
|  | •  |                                 |  |                          |            |                                | 7        | OTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE           |                        |
|  |  | (Column 1)                      | · · · · · · · · · · · · · · · · · · ·                                | (Colum                   |            | (Column 3)                     | <u>.</u> |                    |                        |    |                               |                        |
| Ż I  |  | REMAINING<br>AFTER<br>AMENDMENT |  | NUMB<br>PREVIO<br>PAID F | ER<br>USLY | PRESENT<br>EXTRA               |          | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                               | Minus  | **                       |            | =                              |          | X \$ 25 =          |                        | OR | X \$ 50 =                     |                        |
|  | Independent                                    | •                               | Minus  | ***                      |            | =                              |          | X \$ 100 =         |                        | OR | X \$ 200 =                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |  |                          |            |                                | T        | + \$ 180 =         | <del></del>            | OR | + \$ 360 =                    | <del></del>            |
| ,  |  |                                 |  |                          |            |                                | Ť        | OTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE           |                        |
| ٠.   |  | . <i>:</i>                      | :  |                          |            |                                | •        |                    |                        | ٠  |                               |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.